PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

AUG 14 2018

TATE

com

1. Name of Lobbyist(s)	Christopher	Hodedon	L		DEPARTA	MENT OF S
II. Name of lobbyist's par		U				
	4 4	1	•	1		
Comicst of	partnership, firm or c	corporation)				•
54 Reviewel De	r'we	Concord		J.K	03301	_
Business Address: (Street)		(Town/City)		(State)	(Zip Code)
(God) (Telephone)	28-3389	(Fax)	e-ma	uil <u>Chris</u>	- Hodgelon &	_comout
III. This statement cover- reportable expense trans	s: (Choose one – fi actions which are	le separate report not attributable to	is for each clier o any one clien	it, OR you m t).	ay file a separate r	eport for
All reportable transacti					he following client:	
Comcast A	BCUniver	y)				
OR (Fi	all Name of Client as	it appears on the Lob	obyist Registration	n Form)		
All reportable transacti unrelated to any particular		(including the lobb	oyist's family), (or the lobbyin	g firm listed below	which are
	pril 25, 2018 🗍	on to 3/31/18	July 25 activity from 4	, 2018 - /1/18 to 6/30/1	8	
	October 31, 2018 [wity from 7/1/18 to 9/3	30/18	-	r 30, 2019 1 <i>0/1/18 to 12/3</i>	1/18	
V. There have been no If this box is checked, com Concord, NH 03301.	fees received an plete just this form	d no reportable and submit it to th	transactions e Secretary of S	made since tate's Office,	the last report. State House, Room	204.
VI. Check if additional r	•				_	
If you have received f						ue or
If you have paid an ho Expense Reimbursement	morarium or reimbi	ursea expenses, yo	u must the Aud	endum 6- K	eport of Frontiarium	13 01
L If you, your firm, or y	our family has mad	le political contribu	utions, you must	file Addend	um C– Political Co	ntributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C at	nd RSA 664 and h	ereby swear or a	offirm that the	: foregoing informat	ion is true
(Print Name of lobbyist)	Hodgdo.	1		(5	,	

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Concert NBCUniversal (Name of partnership, firm or corporation)	
	-1 -1-
III. Name of Client Concast NROning U	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified to lobbying, including fees for services such as public advocacy, governincluding research, monitoring legislation, and related legal work. Treduced by any expenses:	nment relations, or public relations serv
a) Total of all fees received in this reporting period	a) S 23,000
b) Total of all fees received this calendar year, prior to this reporting pe (This should equal the total of all prior monthly reports for this calendar	
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>46,000</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required fees. Separate reports are to be filed for expenditures made relative to the lobbyist(s)/firm that are unrelated to any one client a separate re Expenses are to be reported in one of three categories of expenses: (during the reporting period for salaries, benefits, support staff, and off individual expenses where the expenditure was of \$25.00 or less (for elunch where the cost was \$25.00 or less, purchase of a pen with a value being lobbied, purchase of a ceremonial object given to a person being (c) an itemized statement of each individual expenditure made during this any purpose not covered by (a) (for example: purchase of a meal with ceremonial object to be given to the subject of lobbying with a value restaurant expenses for a legislative reception). Expenses for honoral contributions will be reported on separate addendums and should not be	each client and if expenditures are madeport may be filed for the lobbyist(s)/f(a) the aggregate total of all expenses fice expenses; (b) the aggregate total of example: meals purchased during a busic of less than \$10 that is given to the pelobbied with a value of \$25.00 or less); is reporting period of greater than \$25.0 h value of greater than \$25, purchase greater than \$25, but not greater than riums, expense reimbursement, or policion.
a) Total aggregate expenses for this reporting period for salaries, benefit	ts, ng. a) \$
b) Total aggregate of expenditures during this reporting period, hot reporting a), of \$25 or less.	orted b)s 387

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$
f) Total of all expenses year to date	05 514
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
·····	\$
	S
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of Tobbyist)	7/27/2018 (Dale)
Christophe Hodyclon (Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

1. Name of Lobbyist(s)	hristopher	Hodgelon	
II. Name of lobbyist's part	·	0	
Comcast M (Name of partn	3C Universal certain (corporation)		
III. Name of Client	rest MBC	Universal	Date 7/27/2018
Political Contributions	ion that is reportable j	pursuant to RSA Chapt	er 664 paid on behalf of the
Full name of candidate:	Sununu (Lasi Name)	Chris (First Name)	(Middle Name/Initial)
Amount of contribution \$			
Full name of candidate:			
- un name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking
actual cost of the in-kind conti- enter an estimated value and the	ribution on the line abov		s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
· · · · · · · · · · · · · · · · · · ·
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) Christophe Hodglon (Print Name of lobbyist)

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